

# Foster Family Home - Corrective Action Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-7

94-392 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/6/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 4/6/2021.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 10/10/2020 and no current result present; Ecrim lapsed on 10/3/2020 and renewed on 3/2/2021. CG#4's APS/CAN lapsed on 11/5/2020 and no current result present; Ecrim lapsed on 10/3/2020 and renewed on 3/2/2021. HHM#2's APS/CAN lapsed on 10/15/2020 and no current result present; Ecrim lapsed on 10/15/2020 and renewed on 3/2/2021. HHM#3's APS/CAN lapsed on 10/15/2020 and no current renewal present; Ecrim lapsed on 10/3/2020 and renewed on 3/2/2021.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 11/29/2020 and renewed on 2/8/2021.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#3 on [REDACTED] on Client #2.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire- No evidence present for CG#2 and CG#3 of having conducted a monthly fire drill for the past 12 months.

*Maribel Nakamine, M*  
Compliance Manager

*3/6/2021*  
Date

*[Signature]*  
Primary Care Giver

*3/6/2021*  
Date

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Jomar Espiritu

(PLEASE PRINT)

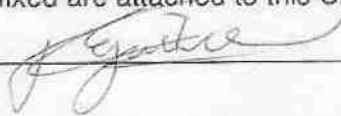
CCFFH Address: 94-392 Kuahui Street, Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1,2	Lapse cannot be corrected.	4-1-2021	Home will use a wall calendar to put all due dates on. Background checks will be done atleast 4 weeks before due date to prevent future lapses.
41.b.7	TB clearance renewed 2-8-21. TB clearance It was obtained for CG#1 and placed into home record.	2-8-2021	Home will utilize a galaxy cellphone to schedule due dates/alert 2-3 months in advance to prevent future lapses.
43.c.3	RN Delegation was done for CG#3 by the client's CMA. It was placed into the client record/binder.	3-11-2021	Home will contact CMA RN to do delegations with in 10 days of a caregiver being added to the Home.
3p.b.6	CG#2 and CG#3 conducted fire drill for the Month of March 2021 and April 2021. Document was filed in home binder/record.	3-12-2021 and 4-1-2021	In the future, all caregivers and PCG will receive a training and conduct proper fire drill atleast once a month.

 All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_


Date: 4-2-2021
 CTA has reviewed all corrected items